

NAF Supplemental Information – Heidelberg CPAC - NAF Division

Name:

Announcement Number:

Date of Birth:

Place of Birth:

Are you a U.S. Citizen? Yes No

Are you a citizen of Germany? Yes No

(If "no", write the name of the country in which you are a citizen and, if applicable, provide Alien Registration Number).

Countr(ies) of Citizenship:

Alien Registration Number:

Arrival date in Germany:

Have you ever had or do you currently have a German work permit (Arbeitserlaubnis)? Yes No

If Yes, Date of Issue:

Military Spouse Preference/Spouse Employment Preference and Family Member Preference:

In order to receive consideration for Military Spouse or Family Member Preference a copy of your sponsor's PCS orders (containing your name) must accompany the application. These preferences do not apply to non-competitive actions and do not apply to positions at the NF-04 level and above. These preferences are afforded to all qualified military spouses beginning 30 days before the military sponsor's reporting date at the new duty station and continue during the entire tour, or until acceptance or declination of a permanent part-time or full-time position (NAF, APF or AAFES). This preference will be given in the same commuting area as that of the new duty station of the sponsor, or surrounding localities to which a spouse is willing to travel on a daily basis.

Are you requesting Military Spouse or Family Member Preference? Yes No (Preference must be indicated *at the time of application*. You must submit a copy of your sponsor's orders that include your name at the time of application in order to qualify)

Family Members of Military and/or Civilian Employees **must** submit a copy of your sponsor's orders that include your name in order for Family Member Preference to be applied.

Sponsor's Full Name:

Grade/Rank:

APO Address:

Duty Phone:

Resident Address:

Home Phone:

Your Relationship to Sponsor:

Date of Sponsor's PCS Orders to Europe (mm/dd/yyyy):

Sponsor's DEROS date (mm/dd/yyyy):

Military Service:

Have you served/Are you currently serving on Active Duty in the United States Military? Yes No

If Yes, include dates of Active Military Service or indicate current status

NOTE: DD Form 214 - Copy Member 4 must be provided for verification of prior military service.

Dates:

Were you involuntary separated from Active Duty military service within the last 12 months? Yes No

If yes, date _____

If no longer in the military, were you discharged under Honorable Conditions? Yes No

If No, explain:

If currently active in military, application must include the Off Duty Military Commander's Consent Form (available at your local HR Office) in order to be considered for a position.

Education:

Currently Attending High School/GED Completed High School/GED College Graduate/Attending

If currently attending High School, application must include the Student/High School Consent Form (available at your local HR Office) in order to be considered for a position.

Previous Employment:

If previously employed by NAF, AF (GS, WG, NSPS) or AAFES provide date(s) and location(s):

Were you separated from NAF employment within the last 12 months as a result of Business Based Action - Separation?

YES NO

Have you received VSIP from APF or NAF within the last 5 years? YES NO

Dual Compensation: Pay from more than one position for more than an aggregate of 40 hours of work in 1 calendar week is precluded. This prohibition does not preclude the use of multiple appointments provided the total number of hours worked each week does not exceed 40. This law is not applicable to enlisted off duty military personnel in relation to their military duty. I understand that violation of the Dual Compensation Act will result in my being indebted to the United States Government and may require repayment of wages erroneously earned. Certain positions may be excluded from the Dual Compensation Statutes. Please see your NAF Human Resources Representative for more information.

I am currently employed by Appropriated Funds (GS/WG) or Nonappropriated Funds (NAF) or AAFES and am using this application to obtain an additional position (work two jobs). YES NO

Type of Employment:

Will you accept: Full-Time Employment
 Part-Time Employment
 Flex Employment (Flex 00/20/40 hours per week)
 Temporary Employment

If I am selected for this position I'm applying for, I will need logistical support (ID Card, SOFA Stamp, etc.):

YES NO

For Open Continuous Child & Youth Program Assistant Positions: Please select the centers for which you would like to be considered: (circle one or more)

CDC SAC MS/TEEN CLEOS

I hereby certify that the above information is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT _____ **DATE** _____

Department of the Army Non-Appropriated Fund Instrumentalities are Equal Opportunity Employers